

REQUEST FOR PHYSICIAN ORDERS

(Tel/Fax Communication Form)

Intended for Non-emergency Communication

916 746-4314

Date: 10/14/08 Name: Joan Boice Room Number: 101	Community Name/Address Emerald Hills Assisted Living 11550 Education Street Auburn, CA 95602	FAX/Phone Number: 530-886-1664 530-888-8847
--	---	---

PROBLEM/CONCERN/ASSESSMENT INFORMATION

Dear Dr. Awan,

Re: Joan Boice MR# 05218226 D.O.B. 2/11/27

Joan seems to be experiencing more frequent and intense pain. She has trouble putting weight on her right foot.

Please advise.

Allergies:

Signature/Title of Nurse Sending Report: Nanette Read MCN MedTech.

PHYSICIAN'S SECTION

Physician Order:

Physician's Signature:

Date:

Order Received and Noted: _____ Date: _____ Time: _____
(Signature/Title)

This transmission will contain confidential and privileged information intended only to be used for the individual or entity named above. If the reader of this message is not the intended recipient or entity, you are hereby notified that any dissemination, distribution, or copying of this communication is strictly prohibited. If you have received this communication in error, please immediately notify us by telephone at the number listed on this page, and return the original message to us at the above address. Thank you.

10/14/08
ML
FAXED